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Complete if Known Substitute for form 1449A/PTO **Application Number** INFORMATION DISCLOSURE Filing Date Herewith STATEMENT BY APPLICANT Micak First Named Inventor Art Unit (use as many sheets as necessary) Examiner Name 60246-347 Sheet 2 of 6 Attomey Docket Number

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Sheet 5 of 6

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First Named Inventor	Micak	_				
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